MoHealthNet
PROVIDER BULLETIN

Volume 30 Number 46 http://www.dss.mo.gov/mhd April 10, 2008

PHYSICIAN AND DURABLE MEDICAL EQUIPMENT

CONTENTS

RENT-TO-PURCHASE FOR RESPIRATORY ASSIST DEVICE WITH A BACKUP RATE FEATURE (E0471)

Effective May 1, 2008, MO HealthNet will no longer reimburse for continuous rental of a respiratory assist device (RAD) with a backup rate feature (E0471). These devices will be reimbursed on a rent-to-purchase basis. Both purchase and rental reimbursement rates have been established as follows:

E0471RR (rental): $561.89
E0471NU (purchase): $6,742.71

After the total of all rental payments equals the purchase price the device is considered purchased. Initial pre-certification (see pre-certification requirement information below) requests that meet established criteria approved for three months. A subsequent

precertification request may be approved for an additional nine months with documentation that the participant is compliant in using the device.

Any RAD with a backup rate feature (E0471) that has currently been rented by MO HealthNet for twelve or more months is considered purchased effective May 1, 2008. No further rental payments will be made and providers may only bill for supplies and repairs needed for continued use after the initial twelve months rental period.

If use of the device is discontinued at any time, the provider is expected to stop billing for the equipment and related accessories and supplies.

INITIAL COVERAGE CRITERIA FOR RESPIRATORY ASSIST DEVICES (E0470 AND E0471) FOR THE FIRST THREE MONTHS OF THERAPY

The "treating physician" must be one who is qualified by virtue of experience and training in non-invasive respiratory assistance, to order and monitor the use of respiratory assist devices. Physicians who treat patients for other medical conditions may or may not be so qualified, and if not, though they may be the treating physician of the participant for other conditions, they are not considered the "treating physician" for prescribing of non-invasive positive pressure respiratory assistance (NPPRA) therapy.

For a RAD (E0470 or E0471) to be covered, the treating physician must fully document in the patient's medical record symptoms characteristic of sleep-associated hypoventilation, such as daytime hypersomnolence, excessive fatigue, morning headache, cognitive dysfunction, dyspnea, etc.

A RAD (E0470 or E0471) used to administer NPPRA therapy is covered for those patients with clinical disorder groups characterized as (I) restrictive thoracic disorders (i.e., progressive neuromuscular diseases or severe thoracic cage abnormalities), (II) severe chronic obstructive pulmonary disease (COPD), (III) central sleep apnea (CSA), or (IV) obstructive sleep apnea (OSA) (E0470 only) and who also meet the following criteria:

I. RESTRICTIVE THORACIC DISORDERS:

A. There is documentation in the patient's medical record of a progressive neuromuscular disease (for example, amyotrophic lateral sclerosis) or a severe thoracic cage abnormality (for example, post-thoracoplasty for TB), and

B. 1) An arterial blood gas $PaCO_2$, done while awake and breathing the patient's usual FIO_2 is greater than or equal to 45 mm Hg, or

2) Sleep oximetry demonstrates oxygen saturation less than or equal to 88% for at least five continuous minutes, done while breathing the patient's usual FIO_2, or

3) For a progressive neuromuscular disease (only), maximal inspiratory pressure is less than 60 cm H_2O or forced vital capacity is less than 50% predicted, and

C. Chronic obstructive pulmonary disease does not contribute significantly to the patient's pulmonary limitation.

If all of the above criteria are met, either a RAD without a backup rate feature (E0470) or a RAD with a backup rate feature (E0471) (based upon the judgment of the treating physician) may be covered for patients within this group of conditions for the first three months of NPPRA therapy. (See below for continued coverage after the initial three months.)

II. SEVERE COPD

A. 1) An arterial blood gas PaCO2, done while awake and breathing the patient's usual FIO2, is greater than or equal to 52 mm Hg, and

2) Sleep oximetry demonstrates oxygen saturation less than or equal to 88% for at least five continuous minutes, done while breathing oxygen at 2 LPM or the patient's usual FIO2 (whichever is higher), and

B. Prior to initiating therapy, OSA (and treatment with continuous positive airway pressure (CPAP) device has been considered and ruled out.

If all of the above criteria for patients with COPD are met, a RAD without a backup rate feature (E0470) will be covered for the first three months of NPPRA therapy. (See below for continued coverage after the initial three months.)

A RAD with a backup rate feature (E0471) will not be covered for a patient with COPD during the first two months, because therapy with a RAD without a backup rate feature (E0470) with proper adjustments of the device's settings and patient accommodation to its use will usually result in sufficient improvement without the need of a back-up rate. (See below for coverage of an E0471 device for COPD after 2 month's use of an E0470 device.)

III. CENTRAL SLEEP APNEA OR COMPLEX SLEEP APNEA

Prior to initiating therapy, a complete facility-based, technologist attended PSG must be performed documenting the following:

A. The diagnosis of central sleep apnea (CSA) or complex sleep apnea (CompSA) (see definitions in Appendices section) and

B. The ruling out of CPAP as effective therapy if either CSA or OSA is a component of the initially observed sleep-associated hypoventilation, and

C. Significant improvement of the sleep-associated hypoventilation with the use of a RAD without a backup rate feature (E0470) or RAD with a backup rate feature (E0471) on the settings that will be prescribed for initial use at home, while breathing the patient's usual FIO2.

If all of the above criteria are met, either a RAD without a backup rate feature (E0470) or RAD with a backup rate feature (E0471) (based upon the judgment of the treating physician) will be covered for patients with documented CSA or CompSA for the first three months of NPPRA therapy. (See below for continued coverage after the initial three months.)

IV. OBSTRUCTIVE SLEEP APNEA

Criteria (a) and (b) must both be met:

A. A complete facility-based, technologist attended polysomnogram, has established the diagnosis of obstructive sleep apnea according to the following criteria:

   1. The apnea-hypopnea index (AHI) is greater than or equal to 15 events per hour, or

   2. The AHI is from 5 to 14 events per hour with documented symptoms of:
      a) excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia, or
      b) hypertension, ischemic heart disease, or history of stroke, and

B. A single level device (E0601, CPAP Device) has been tried and proven ineffective.

If the above criteria are met, a RAD without a backup rate feature (E0470) will be covered for the first three months of NPPRA therapy (see below for continued coverage after the initial three months). A RAD with a backup rate feature (E0471) is not medically necessary if the primary diagnosis is OSA.

CONTINUED COVERAGE CRITERIA FOR RESPIRATORY ASSIST DEVICES BEYOND THE FIRST THREE MONTHS OF THERAPY

Patients covered for the first 3 months of a RAD without a backup rate feature (E0470) or a RAD with a backup rate feature (E0471) must be re-evaluated to establish the medical necessity of continued coverage by MO HealthNet. While the patient may certainly need to be evaluated at earlier intervals after this therapy is initiated, the re-evaluation upon which MO HealthNet will base a decision to continue coverage beyond this time must occur no sooner than 61 days after initiating therapy by the treating physician. MO HealthNet will not continue coverage for the 4th and succeeding months of NPPRA therapy until this re-evaluation has been completed.

There must be documentation in the patient's medical record about the progress of relevant symptoms and patient use of the device up to that time. Failure of the patient to be consistently using the RAD (E0470 or E0471) for an average of 4 hours per 24 hour period by the time of the re-evaluation (on or after 61 days after initiation of therapy) would represent non-compliant utilization for the intended purposes and expectations of benefit of this therapy. This would constitute reason for MO HealthNet to deny continued coverage as not

medically necessary.

The following items of documentation must be obtained by the provider of the device for continued coverage beyond three months:

1. A signed and dated statement completed by the treating physician no sooner than 61 days after initiating use of the device, declaring that the patient is compliantly using the device (an average of 4 hours per 24 hour period) and that the patient benefits from its use, and
2. A statement signed by the patient stating the device is currently being used for 4 hours or more per 24 hour period, the device has been used for at least 2 months, the beneficiary plans to continue using the device in the future, and that the person completing the statement was not the DME provider.

The KJ modifier must be used when billing for services for months 4-12.

RESPIRATORY ASSIST DEVICE WITH A BACKUP RATE FEATURE (E0471) COVERAGE FOR COPD DIAGNOSIS

For Group II patients (COPD) who qualified for an RAD without a backup rate feature (E0470), if at a time no sooner than 61 days after initial issue and compliant use of a RAD without a backup rate feature (E0470) , the treating physician believes the patient requires a RAD with a backup rate feature (E0471), the RAD with a backup rate feature (E0471) will be covered if the following criteria are met:

1. An arterial blood gas PaCO2, repeated no sooner than 61 days after initiation of compliant use of the E0470, done while awake and breathing the patient's usual FIO2, still remains greater than or equal to 52 mm Hg, and
2. A sleep oximetry, repeated no sooner than 61 days after initiation of compliant use of a E0470 device, and while breathing with the E0470 device, demonstrates oxygen saturation less than or equal to 88% for at least five continuous minutes, done while breathing oxygen at 2 LPM or the patient's usual FIO2 (whichever is higher), and
3. A signed and dated statement from the treating physician, completed no sooner than 61 days after initiation of the E0470 device, declaring that the patient has been compliantly using the E0470 device (an average of 4 hours per 24 hour period) but that the patient does NOT benefit from its use, and
4. A statement completed by the patient stating the device has been used 4 hours or more per 24 hour period, the device has been used for two or more months, and the patient intends to use the new device, and the person completing the form was not the DME provider.

SUPPLIES FOR RESPIRATORY ASSIST DEVICES

Supplies used with a BiPAP device are covered when the coverage criteria for the device is met. If the coverage criteria are not met, the supplies will also be denied. The following table represents the MO HealthNet maximum allowed reimbursement amount and the quantity

limitations. Supplies, repairs and maintenance are included in the first twelve (12) months of rental reimbursement and are not paid for separately. Providers must not dispense supplies simply because the quantity limitations allow. The participant must agree that replacement of supplies is desired and necessary; no automatic shipping of supplies is allowed.

The supplies provided must be based on the type of delivery system the participant utilizes. The following indicates the supplies that are allowed for the different types of delivery systems and the quantity limitation for each supply. Supplies billed that are inconsistent with the delivery system utilized by the participant are subject to denial or recoupment.

CODE	DESCRIPTION	NASAL MASK	FULL MASK	CANULA
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device	n/a	1 per 180 days	n/a
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	n/a	1 per 180 days	n/a
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	n/a	1 per 60 days	n/a
A7030	Full face mask used with positive airway pressure device, each	n/a	1 per 180 days	n/a
A7031	Face mask interface, replacement for full face mask, each	n/a	1 per 180 days	n/a
A7032	Cushion for use on nasal mask interface, replacement only, each	1 per 180 days	n/a	n/a
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	n/a	n/a	1 pair per 60 days
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	1 per 180 days	1 per 180 days	1 per 180 days
A7035	Headgear used with	1 per 180	1 per 180	1 per 180 days

CODE	DESCRIPTION	NASAL MASK	FULL MASK	CANULA
	positive airway pressure device	days	days	
A7036	Chinstrap used with positive airway pressure device	1 per 180 days	n/a	n/a
A7037	Tubing used with positive airway pressure device	1 per 180 days	1 per 180 days	1 per 180 days
A7038	Filter, disposable, used with positive airway pressure device	2 per 30 days	2 per 30 days	2 per 30 days
A7039	Filter, non-disposable used with positive airway pressure device	1 per 180 days	1 per 180 days	1 per 180 days

Procedure codes A7044 (oral interface used with positive airway pressure device, each) and A7045 (exhalation port with or without swivel used with accessories for positive airway devices, replacement only) are covered up to one every 180 days; however, these items are rarely needed.

Either a non-heated (E0561) or heated humidifier (E0562) is covered separately when ordered by the treating physician and pre-certified for use with a covered BIPAP device. A replacement water chamber for a humidifier used with a positive airway pressure device (A7046) may also be covered (a maximum of one per 180 days) when this replacement item is medically necessary.

PRE-CERTIFICATION REQUIREMENT FOR RESPIRATORY ASSIST DEVICES

Effective for dates of service on or after May 1, 2008, the following procedure codes for RAD will require pre-certification for all MO HealthNet participants:

E0470RR: Respiratory assist device, bi-level pressure capability, without backup rate feature, used with non-invasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (months 1-3)

E0470RRKJ: Respiratory assist device, bi-level pressure capability, without backup rate feature, used with non-invasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (months 4-12)

E0471RR: Respiratory assist device, bi-level pressure capability, with backup rate feature, used with non-invasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (months 1-3)

E0471RRKJ: Respiratory assist device, bi-level pressure capability, with backup rate feature, used with non-invasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (months 4-12)

Requests must meet medical criteria established by the MO HealthNet Division (MHD) in order to be approved. These medical criteria may be referenced in the clinical edit criteria for RAD without a backup rate feature (E0470) or RAD with a backup rate feature (E0471) posted on the MHD Web site.

CONVERSION OF APPROVED PRIOR AUTHORIZATION REQUESTS

Currently, coverage of RAD requires an approved prior authorization request for reimbursement of services. Prior authorization requests that are submitted and approved prior to May 1, 2008 will be converted to a pre-certification effective 2008. Please note all RAD are subject to rent-to-purchase requirements regardless of the existence of an approved prior authorization/pre-certification request.

APPROVED EXCEPTION REQUESTS

Claims for RAD for which there currently is an Exception Process approval may continue to be filed according to the Exception Process billing procedures until the expiration of the Exception request.

INITIATING PRE-CERTIFICATION REQUESTS FOR DME

Pre-certification of DME is a two-step process. Requests for pre-certification must be initiated by an authorized DME prescriber who writes prescriptions for items covered under the DME Program. Authorized DME prescribers include physicians, podiatrists and nurse practitioners who have a collaborative practice agreement with a physician that allows for prescription of such items. The enrolled DME provider will access the pre-certification initiated by the prescriber to complete the second step of the pre-certification process. All requests must be approved by the MHD. Providers are encouraged to sign up for the MO HealthNet Web tool – CyberAccess℠ - which automates the pre-certification process. To become a CyberAccess℠ user, contact the ACS-Heritage help desk at 1-888-581-9797 or 573-632-9797 or send an e-mail to MOHealthNetCyberaccess@heritage-info.com. The CyberAccess℠ tool allows each pre-certification to automatically reference the individual participant's claim history, including ICD-9 diagnosis codes and CPT procedure codes. Requests for pre-certification will also be taken by the MO HealthNet call center at 800-392-8030. Requests for pre-certification must meet medical criteria established by the MHD in order to be approved. Medical criteria is published in provider bulletins and posted on the MHD Web site prior to implementation. If a pre-certification request submitted through CyberAccess℠ is denied, providers may click on the box to have a MO HealthNet call center representative contact them. The call center is available Monday through Friday, from 8:00 am to 5:00 pm, excluding state holidays.

PLEASE NOTE: An approved pre-certification request does not guarantee payment. The provider must verify participant eligibility on the date of service using the Interactive Voice Response (IVR) System at (573) 635-8908 or by logging the MO HealthNet Web portal. For participants residing in a nursing facility, RAD are included as part of the nursing per diem and are not reimbursed separately.

Please continue to monitor the MHD Web site for updates on this process.

PRE-CERTIFICATION REQUESTS FOR RESPIRATORY ASSIST DEVICES AND HUMIDIFIERS

Pre-certification requests for both the initial 3 month authorization and subsequent authorization for months 4-12 must be initiated by an authorized prescriber of Durable Medical Equipment. Humidifiers (E0561 or E0562) also require a pre-certification initiated by an authorized prescriber of DME.

REPAIR OF CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICES AND RESPIRATORY ASSIST DEVICES

Effective for dates of service on or after May 1, 2008, repair of a continuous positive airway pressure (CPAP) device and RAD will require submission of a completed certificate of medical necessity. Prior authorization will no longer be required. Reference section 13.11 of the Durable Medical Equipment Provider Manual for additional information regarding repairs.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at http://dss.mo.gov/mhd/providers/pages/bulletins.htm. Bulletins will remain on the Provider Bulletins page only until incorporated into the provider manuals as appropriate, then moved to the Archived Bulletin site.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Website at http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via e-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896